

FILED AUG 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

255725

STATE FILE NUMBER

Registration District No. 290

Primary Registration District No.

5987

Registrar's No.

100

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Rural Union</b> OR TOWN <b>Union</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY, TOWN OR TOWNSHIP <b>Rural Union</b> OR TOWN <b>Union</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) <b>Housework</b> HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location) <b>Texas</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Alice</b> Middle <b>Isabelle</b> Last <b>Jones</b>				4. DATE OF DEATH Month <b>8</b> Day <b>2</b> Year <b>1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>4/27/1882</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		9. AGE (In years last birthday) <b>75</b>		11. BIRTHPLACE (City and state or country) <b>Texas</b>	
13a. FATHER'S NAME <b>John Dodds</b>				13b. MOTHER'S MAIDEN NAME <b>Amanda Lee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. John Sudheimer, Dixon, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Cerebral accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Senility</b>						INTERVAL BETWEEN ONSET AND DEATH <b>7-27-57</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331x</b>						19. WAS AUTOPSY PERFORMED? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)				
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>July 19</b> to <b>July 27 57</b> and last saw her alive on <b>July 19 1957</b> Death occurred at <b>11:15 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>L. W. Milligan - M.D.</b> (Degree or title)			22b. ADDRESS <b>Dixon, Mo.</b>			22c. DATE SIGNED <b>8-3-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/4/1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Kenner Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Meriess County, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Fred H. Gilbert, Dixon, Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>8-3-57</b>		26. REGISTRAR'S SIGNATURE <b>Paula Ann Anderson</b>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-3-57  
Pulaski County Health Officer  
File Number 100  
Date Filed 8-3-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Maurice E. Schierbaum

Licensed Embalmer No. 4506

P. O. Address Dixon, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.